

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/523851
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	2					52						
3	1	2					53						
4	1	2					54						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓		↓		TOTAL IND.			↓		↓	
TOTAL DEP.	8		←		←		TOTAL DEP.			←		←	
TOTAL CLAIMS	9		████████		████████		TOTAL CLAIMS			████████		████████	